BEST AVAILABLE CUTY

MULTIPLE DEPENDENT CLAIM								SERIAL NO. / FILING DATE						
FEE CALCY ATION SHEET								10/539016 APPLICANT(S,				*		
(FOR USE) H FORM PTO-875)								APPLICAN	Ta.	7 7 9				
		(101100		TORME	10-073)		77 / 77 /				·			
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TOTAL DEP	38	+	31	+		+		TOTAL DEP		+		+		4
TOTAL CLAIMS	12		34					TOTAL CLAIMS						
PŢO - 1360	(REV. 11/04)									TMENT of C		•	